Trauma-informed Approaches for Peer Support Specialists

Facilitator Guide

v 8.2025

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Introduction

Welcome to the facilitator guide for Trauma-informed Approaches for Peer Support Specialists. This guide and the associated training will provide you with a structured approach to conducting an effective presentation for peer support specialists on the importance of assisting participants with trauma-informed strategies.

Made in collaboration with the Kentucky Injury Prevention and Research Center (KIPRC) and Voices of Hope, a recovery community organization in Lexington, Kentucky, this project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement 1 NU17CE010186 totaling $5.4 million with 0% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC, HHS, or the U.S. government. For more information, please visit CDC.gov.

Learning Objectives

- Understand the “Three Es” Concept of Trauma
- Describe an example of a trauma-informed approach you can adapt to your work role
- Recognize the significance of resilience

Content Warning for Facilitators

Talking about trauma may evoke a range of thoughts and emotions. At the beginning of the presentation, prompt the trainees to check-in with their feelings, invite them into self-awareness, and give them permission to do what they need to do to take care of themselves during the presentation and after.

It is also important to establish a boundary with the presentation and inform the audience that this presentation talks about trauma and helping others in trauma-informed ways, but we are not processing any trauma during the training.

Emotions may be more available in smaller, in-person groups, especially if the attendees are familiar with each other.

RECOMMENDATIONS FOR IN-PERSON SESSION

Beginning of the training: State you will be available at the end if anyone has questions they did not have the opportunity to ask during the training. Attendees may feel more comfortable asking questions or discussing a concern in a one-on-one or smaller setting.

Throughout the training: Lead with compassion when someone is honest about their experience with trauma or working with others who have experienced trauma. Most of us can relate to the challenges of healing emotional wounds. Share your personal experience as appropriate and to your comfort level and know you may to enforce the boundary that this presentation is not intended to process trauma and to seek additional resources.

End of the training: Remind attendees that you will stay behind for a few minutes if anyone

RECOMMENDATIONS FOR VIRTUAL SESSION

Prior to training: Ask the coordinator or platform host to enable the chat function so all attendees may give feedback throughout the training. Confirm the time limit of the training and if there will be an opportunity for discussion at the end.

Consider the format:

Webinar A webinar that limits audience interaction is not conducive to being available after the session for further discussion. If possible, have support staff attend the webinar to help monitor the chat and acknowledge anyone who shares something vulnerable. If time allows and the host is able, ask attendees to raise their hand to be unmuted for sharing.

Teams/Zoom meeting A virtual meeting where attendees are visible to the presenter (not a webinar) may allow for attendees to ask questions or express concerns at the end, depending on the time limit and format. If you can take questions at the end, announce to the attendees that you will be available after the training.

Throughout the training: Lead with compassion when someone is honest about their experience with trauma or working with others who have experienced trauma. Most of us can relate to the challenges of healing emotional wounds. Share your personal experience as appropriate and to your comfort level and know you may to enforce the boundary that this presentation is not intended to process trauma and to seek additional resources.

Training Modalities

Trauma-informed Approaches for Peer Support Specialists is an instructor-led presentation with opportunities for the attendees to voluntarily participate by sharing their responses to discussion questions.

Audience participation is encouraged regardless of the training setting. For example, questions such as, “What are some signs and symptoms of traumatic stress?” can be answered verbally, in person or unmuted in a virtual room, or shared virtually using the chat function.

RECOMMENDATIONS FOR IN-PERSON SESSION

Prior to training:

- **Save the PowerPoint presentation to a flash drive in case you are unable to access the internet/shared drive at the training location.**
- **Print copies of supplemental materials, evaluations, and/or any relevant materials for everyone in the session. If it is not feasible to print materials, send electronic copies of the materials to be distributed by the coordinator/host.**
- **Arrive early to test the equipment and PowerPoint.**

Small group (approximately 12 people or less):

- Establish the "front" of the room. If possible, arrange the seats into a U-shape so everyone can face each other.
- Participation with smaller groups tends to occupy the extremes—discussion may be generous with a lot of depth or discussion may be non-existent. Consider the content warning offered in this manual and state that you will be available after the training to address any additional questions or concerns.

Large group (approximately 12-50 people):

- There are no guarantees for participation, but discussion tends to be consistent with this group size. Be aware of the time if there are a lot of attendees who are willing to share and encourage the group to move forward as needed.
- Consider the content warning offered in this manual and state that you will be available after the training to address any additional questions or concerns.
- Ask for volunteers to help you hand out materials to preserve time.

Large group (50+):

- Groups of this size typically do not lend themselves to audience participation. You may need to adjust your approach to participation questions and share from your own experience instead of relying on audience feedback.

End of the training: Ask the attendees to complete the evaluation form using a paper copy, QR code, or email a link.

RECOMMENDATIONS FOR VIRTUAL SESSION

Prior to training:

- **Ask the coordinator or platform host to enable the chat function so all attendees may give feedback throughout the training.**
- **Confirm the format and time limit of the training to assess the opportunity for discussion at the end.**
- **If possible, email copies of the supplemental materials and/or any relevant materials to the coordinator/host to send to the attendees.**
- **Join the virtual meeting room early to test the equipment and ensure the PowerPoint presentation is operational.**
- **Provide the coordinator/host with the evaluation link to share with attendees and/or display the QR code on the final slide of the presentation.**
- **Consider providing your contact information at the end of the session if anyone has additional questions.**
- **If attendees can unmute themselves, ask the platform host to help monitor people who accidently unmute to limit disruptions.**

Chat function:

- Ask attendees to answer discussion questions in the chat. Depending on the number of people in attendance, the chat could be flooded with responses. As you scan the chat, be sure **to read responses aloud** so the attendees can follow your thinking and to **create a better experience for someone watching a recording** (if the presentation is recorded).

Consider the format:

Webinar If the raise hand function is enabled, call on the person as if you were in a classroom. Consider the content warning discussed previously. A webinar that limits audience interaction is not conducive to being available after the session for further discussion. Instead, emphasize the areas in the training that encourage asking for help and reaching out to supportive people. Encourage attendees to use their tools and support system to grow their resilience.

Teams/Zoom meeting Encourage attendees to put answers in the chat but be aware that some may unmute themselves. Consider the content warning discussed previously. A virtual meeting where attendees are visible to the presenter (not a webinar) may allow for attendees to ask questions or express concerns at the end.

End of the training: Ask the attendees to complete the evaluation form using a QR code or email a link.

Modules

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Module	Topic	Time	Slides
1	Trauma-informed Approaches (full)	60 minutes	1-64
2	Trauma-informed Approaches (brain-body slides omitted)	45 minutes	1-23; 30-64

Time Consideration

The time and pace of the training vary by modality and the responsiveness of the group. Settings that allow for more participation (smaller groups, in person or virtual) may generate more discussion that the facilitator will need to assertively manage in order to deliver all the material in the timeframe. Large groups, in person or webinar format, may pace faster than expected due to the limitations of the format. When open discussion is not possible, it is recommended that the facilitator be prepared to share examples to answer the prompts and fill discussion gaps.

Supplemental Materials

1. Trauma-informed Practice Worksheet
    - Provide attendees with the worksheet prior to the training
    - Purpose: to aid attendees with the development of their trauma-informed approaches
    - Available as a fillable .pdf

2. The Six Responses to Trauma

Trauma-Informed Care Practice

What can you do, as a peer support specialist and as an organization?

	Peer Support Specialist	Organization
Safety		
Trustworthiness and Transparency		
Peer Support		
Collaboration and Mutuality		
Empowerment, Voice, and Choice		
Cultural, Historical, and Gender Issues		

Trauma-Informed Care Practice

- What are some ways you help others feel physically and emotionally safe in your work?

- How do you build trust with the people you support as a peer support specialist?

- When is it helpful to share your recovery story with someone? When might it be better not to share it?

- Can you please describe a time when you made your work more of a partnership, instead of being the ‘helper’ in charge?

- Please give an example of a time someone helped you feel in control of your own choices.

- How do you or your organization make sure services include and respect people from all backgrounds?

- Considering the six domains of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues):
    - What are you already doing well?

    - What areas need more attention?

The Six Responses to Trauma

Fight

This response involves engaging in attacks and defenses to confront a perceived threat. The attack can be physical or verbal and is an instinctive reaction aimed at protecting oneself.

Flight

A flight response involves literally or symbolically escaping a threat. This can manifest as using avoidance strategies to create physical or emotional distance between oneself and the trauma.

Freeze

A freeze response occurs when one becomes overwhelmed, leading to a state of numbness or paralysis. It is typically a momentary pause where the next course of action is not immediately clear.

Fawn

This response is a psychological reaction where one tries to appease traumatic stimuli in an effort to make it stop. This often involves accommodating a perpetrator or abuser.

Fine

This response involves denying or downplaying the impact of trauma in an attempt to convince oneself that everything is okay.

Faint

Fainting or losing consciousness is a physical reaction to trauma that is caused by a sudden drop in heart rate.

KIPRC KENTUCKY INJURY PREVENTION AND RESEARCH CENTER

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References Highlights

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Substance Abuse and Mental Health Services Administration. (2014.) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. April 23, 2025, from https://library.samhsa.gov/sites/default/files/sma14-4884.pdf

Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services.* Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.

SAMSHA has published comprehensive materials about trauma, trauma-informed care, approaches, and strategies that are adaptable across healthcare settings.

Evaluation

Evaluation link: https://uky.az1.qualtrics.com/jfe/form/SV_eeRFyEwlket7xzM